

U.S. DISTRICT COURT
EASTERN DISTRICT OF TEXAS
FILED

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS

FEB 10 2016

BRYAN KEITH RICHARDSON

BY
DEPUTY

Your full name

FEDERAL CIVIL RIGHTS COMPLAINT

**FEDERAL TORTS CLAIM ACT
COMPLAINT**

v.

UNITED STATES OF AMERICA

Civil Action No.: 1:16CV35
(To be assigned by the Clerk of Court)

AND

A BIVENS v. SIX UNKNOWN NAMED AGENTS
of FEDERAL BUREAU OF NARCOTICS, 403
U.S. 388 (1971)

JURY TRIAL DEMANDED

I. JURISDICTION

The Court has jurisdiction over this action pursuant to: Title 28 U.S.C. Section 2671, et seq. (FTCA) and Title 28 U.S.C. Section 1346(b)(1), and Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics - Pursuant to Title 28 U.S.C. §§ 1331 and 2201

II. PLAINTIFF

In Item A below, place your full name, inmate number, place of detention, and complete mailing address in the space provided.

A. Your full name: BRYAN KEITH RICHARDSON Inmate No.: 86357-011

Address: Federal Correctional Complex Beaumont (USP)

P.O. BOX. #26030 Beaumont, Texas 77720

III. PLACE OF PRESENT CONFINEMENT

Name of

Prison/Institution: FEDERAL CORRECTIONAL COMPLEX BEAUMONT

A. Is this where the events concerning your complaint took place?

Yes No

Attachment A

If you answered "NO," where did the events occur?

The events also took place at two other Federal Institutions:

-
- (2) Federal Correctional Complex Allenwood - White Deer, PA
 (3) Federal Correctional Institution-GILMER, Glenville, WV.
-

IV. PREVIOUS LAWSUITS

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? Yes No
- B. If your answer is "YES", describe each lawsuit in the space below. If there is more than one lawsuit, describe additional lawsuits using the same format on a separate piece of paper which you should attach and label: "IV PREVIOUS LAWSUITS"

1. Parties to this previous lawsuit:

Plaintiff(s): _____ N/A
 Defendant(s): _____ N/A
 _____ N/A

2. Court: _____ N/A
(If federal court, name the district; if state court, name the county)

3. Case Number: _____ N/A

4. Basic Claim Made/Issues Raised: _____ N/A

5. Name of Judge(s) to whom case was assigned: _____
 _____ N/A

6. Disposition: _____ N/A
(For example, was the case dismissed?Appealed? Pending?)

7. Approximate date of filing lawsuit: _____
 _____ N/A

Attachment A

8. Approximate date of disposition. Attach copies: N/A
- C. Did you seek informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part B?
- Yes No
- D. If your answer is “YES,” briefly describe how relief was sought and the result. If your answer is “NO,” explain why administrative relief was not sought. I sought relief through the BOP's administrative remedy process. Writing grievances, electronic sick call request, and numerous face to face conversations with all executive staff members at the Institution and at the BOP's Central Office. Prison Authorities just out-right REFUSED to correct the medical harms they were causing.
- E. Did you exhaust ALL available administrative remedies?
- Yes No
- F. If your answer is “YES,” briefly explain the steps taken and attach proof of exhaustion. If your answer is “NO,” briefly explain why administrative remedies were not exhausted. The BOP has a 4 step administrative remedy Process, which requires that an inmate submit a Bp-8, Bp-9, Bp-10, and a Final Bp-11 administrative grievance to FBOP'S Central Office to exhaust ones administrative obligations. This petitioners has fulfilled that obligation. I have FULLY Exhausted my Administrative Remedy Process!
- G. If you are requesting to proceed in this action *in forma pauperis* under 28 U.S.C. § 1915, list each civil action or appeal you filed in any court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using the same format on a separate sheet of paper which you should attach and label “G. PREVIOUSLY DISMISSED ACTIONS OR APPEALS”

1. Parties to previous lawsuit: N/A

Plaintiff(s): _____ N/A _____

Defendant(s): _____ N/A _____

Attachment A

2. Name and location of court and case number: _____
N/A

3. Grounds for dismissal: frivolous malicious
 failure to state a claim upon which relief may be granted
4. Approximate date of filing lawsuit: _____ N/A
5. Approximate date of disposition: _____ N/A

V. ADMINISTRATIVE REMEDIES PURSUANT TO THE FTCA

- A. Did you file an FTCA Claim Form (SF-95), or any other type of written notice of your claim, with the appropriate BOP Regional Office?

Yes No

- B. If your answer is “YES,” answer the questions below:

1. Identify the type of written claim you filed: Form 95 Personal Injury
1st one filed July of 2015
2. Date your claim was filed: 2nd one filed September 14, 2015
3. Amount of monetary damages you requested in your claim:
\$1,000,000,000.00 (1 million dollars) each claim
4. If you received a written Acknowledgment of receipt of your claim from the BOP, state the:
1st one - July of 2015
 - I. Date of the written acknowledgment: 2nd one on Sept. 14, 2015
 - ii. Claim Number assigned to your claim: (1) TRT-MR-2015-05461
(2) claim # TRT-SCR-2015-06394

- C. If your claim involves individuals who are employed by government agencies **other than the BOP**, did you file an FTCA Claim Form (SF-95), or any other type of written notice of your claim with the appropriate government agencies? Yes No

Attachment A

D. If your answer is "YES," answer the questions below:

1. Identify the specific government agency or agencies, including the addresses, where you filed notice of your claim:

Bureau of Prisons - Central Office

320 First Street., NW

Washington, DC 20534

2. Identify the type of written claim(s) you filed: Form 95 - Personal Injury - for Deliberate Indifference to Medical Care - Violation of Eighth Amendment - by delay and interference with medical care.

3. Date your claim(s) were filed: July 30, 2015 - and - September 14, 2015

4. Amount of monetary damages you requested in your claim(s):
\$1,000,000,000.00 (One Million Dollars)

5. If you received a written Acknowledgment of receipt of your claim(s), state the:

1) July 30, 2015

- I. Date of the written Acknowledgment: 2) September 14, 2015

Claim 1) TRT-MXR-2015-0561

- ii. Claim Number assigned to your claim: 2) TRT-SCR-2015-06394

E. If the BOP (or other government agency that received notice of your claim) either denied your claim or offered you a settlement that you did not accept, please state whether you requested reconsideration of your claim.

Yes No

1. If you answered "YES," state the:

- I. Date you requested reconsideration: N/A

- ii. Date the agency acknowledged receipt of your request for reconsideration: N/A

Attachment A**VI. STATEMENT OF CLAIM**

State here, as BRIEFLY as possible, the facts of your case. You must include allegations of specific wrongful conduct as to EACH and EVERY federal employee about whom you are complaining. Describe exactly what each federal employee did. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, you must number and set forth each claim in a separate paragraph.
UNRELATED CLAIMS MUST BE RAISED IN A SEPARATE CIVIL ACTION. NO MORE THAN FIVE (5) TYPED OR TEN (10) LEGIBLY PRINTED PAGES MAY BE ATTACHED TO THIS COMPLAINT. (LR PL 3.4.4)

Deliberate Indifference to Medical Care!

Violation of First Amendment Right! Violation of Eighth Amendment Right!
Prison Officials interfered and interrupted the plaintiffs medical treatment
plan out of retaliation from him having used his right to free speech to report
harmful medical conditions to BOP staff members.

Supporting Facts: Plaintiff has "Deformed Toes" (Hammer Toes), which prevented him from being able to wear the institution prison work boots on a daily basis. Medical services recognized that the Institutional boots were causing grave physical harms to his Toes/Feet, and authorized for the Plaintiff to wear AIS Orthopedic Soft Sole Shoes. The defendants soft sole shoes were taken from him out of retaliation from him having complained about the soft shoes not being water nor snow repellent. He was then forced to wear the institution boots that he was originally medically restricted from wearing, as they were causing grave physical harms to his feet/toes.

Identify each federal employee whose actions form a basis for this claim, and state

the name of the federal agency that employs each such individual:

Associate Wardens SMITH & FERGUSON, Health Service Administrators WEAVER & GROVE,
Doctor Savidge, P.A. - Lehmann. All of these federal employees work for the BOP's
Federal Correctional Institution - GILMER, which is located in Glenville, WV.

With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred? Yes No

If your answer is "YES," please explain: While each and everyone of the above listed Bop employee's were physically working at the Prison Facility from November 6, 2014. They each participated in with the interruption of my prescribed medical treatment for my deformed toes, by taking my soft sole shoes away out of retaliation.

Violation of my First & Eighth Amendment Rights! Deliberate Indifference!
Prison Officials interfered and interrupted/delayed the plaintiffs medical necessary treatment plan that was ordered and prescribed by two treating physicians out of retaliation from the plaintiff having used his 1st Amendment right to file grievances against staff misconduct and his medical needs.

During the Month of April 2014, the Plaintiff suffered a serious injury to his left knee, a Torn Meniscus. The Plaintiff informed F.C.I. Gilmer medical staff of the serious injury. They in turn "did not" render to him the appropriate standard of medical care, in that they DID NOT provide him with a cane, knee brace, nor appropriate pain medication. Gilmer health personnel "DID NOT" perform a MRI - X-ray of this serious injury until February of 2015, which revealed a "Torn Meniscus". Instead of providing the medical necessary "Corrective Surgery", Gilmer Officials transferred the Plaintiff to another institution, fully knowing that he was suffering from a serious injury. The Plaintiff arrived at the Allenwood Prison Complex in March of 2015. He immediately informed the prison health service personnel, that he was suffering from a serious knee injury and that it required surgery. Allenwood Officials confirmed the injury, agreed that it needed surgery, but intentionally refused to provide the necessary surgery as well!

Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:

Warden Capt. S. Spaulding, Capt. Underwood, P.A. T. Pfirman, CMC Ms. Gainer, Unit Manager Nicholas, Case Manager Parker, Counselor Cruz, Health Service Administrator- Dr. Santos, whom all work for the Bop's Allenwood Facility. [CMC - POMER, Case Manager-Thorpe, HSA Mr. Weaver, Dr. Savidge, P.A. Lehmann - all work for the GIIMER Federal Facility.]

With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred? Yes No

If your answer is "YES," please explain: While each and everyone of the above listed Bop employee's were physically working at the Prison Facility from April of 2015 through July of 2015. They each conspired with the other, to intentionally delay, interfere, and/or interrupt my prescribed medical treatment plans for my serious Knee Injury and Lung Tumor. Failed to allow for me to complete treatments.

Plaintiff's Violation of First and Eighth Amendment Rights! [REDACTED]
Prison Officials have intentionally chosen to further delay and/or not render the appropriate standard of medical care and treatment for my serious knee and lung injuries...out of deliberate indifference to my medical care/needs.

Supporting Facts: The Plaintiff was transferred from the Allenwood prison complex to the Beaumont Prison Complex, while he was under the care and treatment of "Two" Specialized Doctors. Orthopedic Specialist - Dr. Ball, and Pulmonary Lung Specialist, DR. Kiss. Upon his arrival at the Beaumont prison complex, the plaintiff informed the medical staff that he was suffering from two medical injuries, a torn meniscus, and a cancerous tumor in his lung. Prison Health Services has REFUSED to provide to the plaintiff the appropriate standard of medical care for these injuries!

Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:

Warden Lara, Health Service Administrator - MALLETT, R.N. T. Byrd, and on-site Physician Dr. "P". All of these employee's work for the Bureau of Prisons. Specifically, they are all employed at the Beaumont Correctional Complex, located in Jefferson County, Beaumont, Texas.

With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred? Yes No

Attachment A

If your answer is "YES," please explain: While each and everyone of the previous mention Bop employee's was physically working at the Prison Facility from July 2015 to Present. They each were deliberately indifference to my medical care even after I reported my serious medical problems to them on numerous occassions...either in person, or through electronic emails. They have intentionally delayed or denied me the proper & xxXXxX appropriate standard of medical care for my torn meniscus and lung tumor.

N/A

N/A

Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:

With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred? Yes No

If your answer is "YES," please explain: N/A

N/A

CLAIM 4: N/A

N/A

Supporting Facts: N/A

Attachment A

Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:

N/A

N/A

With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred? Yes No

If your answer is "YES," please explain: _____ N/A

N/A

N/A

VII. INJURY

Describe **BRIEFLY** and **SPECIFICALLY** how you have been injured or your property damaged and the exact nature of your damages. I have been grievously harmed with the Unnecessary and Unwanton infliction of pain and suffering of a Torn Meniscus for over 20 months and counting. Both my Knee and Lung Injuries have been put at RISK OF becoming worser - because of the deliberate indifference in not rendering me the appropriate standard of medical care that the states of West Virginia, the Commonwealth of Pennsylvania and Texas Required by Law.

VIII. RELIEF

State **BRIEFLY** and **EXACTLY** what you want the Court to do for you. *Make no legal arguments. Cite no cases or statutes.*

I wish for the Courts to Order USP Beaumont Health Officials to immediately schedule the Plaintiff for an Arthroscopy Surgery, so as to repair the Torn Meniscus. To provide physical therapy and proscribe the appropriate pain medication until he has recovered. Order Beaumont Health Officials to Schedule the Plaintiff for an appointment with a certified Pulmonary Lung Specialist, who will be able to perform the biopsy and or appropriate lung surgery. Provide appropriate aftercare therapy. Lastly, award the plaintiff \$1,000,000,000.00 for having his medical treatments for both his Torn Meniscus and Lung Tumor DELAYED for so long. The Pain and Suffering from having his treatment interrupted

Attachment A

DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and accurate. Title 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at Beaumont USP, in Jefferson on 2/8/16.
County
(Location) (Date)

Bryan K. Richardson
Your Signature
Mr. Bryan Keith Richardson